

MONTANA BOARD OF RADIOLOGIC TECHNOLOGISTS
301 SOUTH PARK, 4TH FLOOR
PO BOX 200513
HELENA, MONTANA 59620-0513
(406) 841-2202 FAX: (406) 841-2305
email: dlibsdrts@mt.gov
Web Site: www.radiology.mt.gov

Applicants will be notified within 15 working days of receipt of a completed application as to the status of the application.

RADIOLOGIC TECHNOLOGIST

Qualifications for Licensure:

1. Each applicant for licensure as a radiologic technologist shall have satisfactorily completed a 24-month course of study in radiologic technology approved by the Board.
2. Each applicant for licensure as a radiologic technologist shall:
 - a. be of good moral character;
 - b. be at least 18 years of age; and
 - c. not be addicted to intemperate use of alcohol or narcotic drugs.

FEES

All fees should be made payable to the Montana Board of Radiologic Technologists with the exception of the examination fee, which is payable directly to ARRT. Do not send the exam fee with your application. All fees are non-refundable. Please do not send cash.

RADIOLOGIC TECHNOLOGISTS

\$100.00 Application fee (includes Temporary Permit Fee **that expires 15 days after the date of the first opportunity for examination. You will only be issued one Temporary permit.**)

DOCUMENTS REQUIRED FOR APPLICATION

A fully-completed application for licensure shall be submitted with the following documents. Please make 8-1/2" x 11" copies of the required documents and submit them with your application:

- a. three statements from persons attesting to the applicant's good moral character; applicant must have been associated with or known each reference for at least one year; relatives may not be used as a reference.
- b. application fee; and either:
- c. evidence of certification by the American Registry of Radiologic Technologists (ARRT) in x-ray technology. This evidence shall consist of the applicant being listed in the current ARRT directory, the applicant shall submit to the Board a certified copy issued by the ARRT of the original registration certificate; or
- d. at the Board's discretion, documentation of successful completion of a course of study in an approved School of Radiologic Technology as defined in 37-14-302, MCA, and having obtained a passing score on the examination in diagnostic radiologic technology given by ARRT. A scaled score of 75 constitutes a passing score.
- e. * If currently or previously licensed in another state or jurisdiction, a License Verification/History must be sent to this office directly from those states or licensing jurisdictions.
- f. Applications and related data will be kept in permanent files maintained by the Board office.

NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.

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APPLICATION PROCEDURES

- > When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if the applicant is required to appear before the Board for an interview.
- > If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.
- > All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications; contact each state board prior to sending the request for this information.
- > Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action by another board. This information is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES

- > Once a routine application is complete, the application takes up to 30 days to process from the date it is received in the Board office.
- > The applicant will be notified in writing of any deficient or missing items from the application file.
- > Please be sure the three individual references you listed on your application complete the reference questionnaire form and return the form directly to the Board office as soon as possible in order to complete your application.
- > Once a routine application is processed and approved, a permanent license will be issued.

For information with regard to the processing of this application or other concerns, please contact the Board of Radiologic Technologists staff at (406)841-2202

or email us at dlibsdrts@mt.gov

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF RADIOLOGIC TECHNOLOGISTS ON OUR WEBSITE AT www.radiology.mt.gov

Applicants will be notified within 15 working days of receipt of a completed application as to the status of the application.

LIMITED PERMIT HOLDER

Qualifications for Licensure: Applicants for a limited permit must:

Complete a minimum 104-hour course approved by the Board

Complete additional courses to qualify for examination in each of the specified limited x-ray procedures as follows:

Chest - minimum four (4) hours, and passing competencies - ten actual;

Extremities - minimum eight (8) hours, and passing upper extremities competencies - five actual, and passing lower extremities competencies - five actual;

Spine - minimum eight (8) hours, and passing competencies - ten actual;

Skull - minimum eight (8) hours, and passing competencies - ten, all may be simulated;

Abdomen - minimum four (4) hours, and passing competencies - ten actual;

G.I. tract and associated overhead films - eight (8) hours, and passing competencies - ten, all of which may be simulated; and

Positioning - minimum eight (8) hours, and passing competencies - ten actual.

The applicant must be of good moral character; be at least 18 years of age; not be addicted to intemperate use of alcohol or narcotic drugs; achieve passage of the ARRT Limited Scope Exam and, if applicable, the Combined State Exam.

FEES:

All fees should be made payable to the Montana Board of Radiologic Technologists with the exception of the examination fee, which is payable directly to ARRT. Do not send the exam fee with your application.

All fees are non-refundable, except in the instance of overpayment of fees, in which case, the refunds are not issued until 45 days following receipt of overpayment. Please do not send cash.

LIMITED PERMIT

\$100.00 Application fee

\$15.00 Required fee if State Combined Exam is taken.

DOCUMENTS REQUIRED FOR APPLICATION:

A fully-completed application for licensure shall be submitted with the following documents:

Please make 8-1/2" x 11" copies of the following and submit with your application.

Limited Permit Holders:

Copy of successful completion of a minimum 104-hour board approved course. (24.204.507, ARM)

Copy of successful completion of additional courses to qualify for each specific examination. (24.204.507, ARM)

Application fee and State combined examination fee if taking.

(NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.)

APPLICATION PROCEDURES

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- > The applicant will be notified in writing of any deficient or missing items from the application file.
- > Please be sure the three individual references you listed on your application complete the reference questionnaire form and return the form directly to the Board office as soon as possible in order to complete your application.
- > Once a routine application is processed and approved a permanent license will be issued.

ARRT LIMITED SCOPE EXAMINATION INSTRUCTIONS - DO NOT SEND PAYMENT TO THE MONTANA BOARD OFFICE

1. After this **application** has been processed, *you will be sent a letter from this office stating that you are eligible for the ARRT Limited Scope Exam with instructions to send payment of the \$125.00 ARRT examination fee **directly to ARRT. DO NOT SEND THIS PAYMENT TO THE MONTANA BOARD OFFICE***
2. Once the ARRT processes your fee, **you will be mailed a packet directly from ARRT that includes the appropriate Candidate Handbook and your Candidate Status report.**
3. You will be scheduling your examination appointment after you receive the Limited Scope Candidate Status Report from ARRT.

For information with regard to the processing of this application or other concerns, please contact the Board of Radiologic Technologists staff at (406) 841-2202 or email us at dlibsdrts@mt.gov

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11. If taking the LPH examination, do you have any physical or mental impairment(s) requiring special accommodations? If yes, attach a detailed explanation. YES NO
12. Do you currently hold a license in another state as a radiologic technologist or limited permit holder? If yes, provide license verification. YES NO
13. List all professional licenses you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory. YES NO

State	License#	License Method		Requested Verification?	
		<input type="radio"/> EXAM	<input type="radio"/> CREDENTIAL	<input type="radio"/> YES	<input type="radio"/> NO
		<input type="radio"/> EXAM	<input type="radio"/> CREDENTIAL	<input type="radio"/> YES	<input type="radio"/> NO
		<input type="radio"/> EXAM	<input type="radio"/> CREDEMNIAL	<input type="radio"/> YES	<input type="radio"/> NO
		<input type="radio"/> EXAM	<input type="radio"/> CREDENTIAL	<input type="radio"/> YES	<input type="radio"/> NO

Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. YES NO

Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. YES NO

Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. YES NO

Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. YES NO

Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.. YES NO

Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.	YES	NO
Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult.	YES	NO
Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.	YES	NO
Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.	YES	NO
Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source.	YES	NO
Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.	YES	NO
Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source.	YES	NO
Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source.	YES	NO
Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your professional or occupation? If yes, please attach a detailed explanation and provide documentation from the source.	YES	NO

Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.

YES NO

14. PROFESSIONAL EDUCATION:

Name of University or College	Degree Earned

Name of School	Degree Earned

Internship Program	Diploma Received

Residency Program	Diploma Received

15. **PRACTICE HISTORY:** List **all** activities after radiology school (other than those already set forth above) in chronological order, up to and including the present. Specify nature of activity; for example, private practice, hospital practice, vacation, school, private employment, etc. (If medical practice, indicate nature of practice.) **Account for all periods of time longer than 1 month. Indicate specific month and year for each activity.** Use additional paper if necessary.

Name and Location of Practice	Activity/Position	Inclusive Dates	Reason for Leaving

16. **PROFESSIONAL & CHARACTER REFERENCES.**

Please type or print names and addresses of three references, who have known you or associated with you for a minimum of one year.

Name _____

Address _____

Telephone Number _____

Name _____

Address _____

Telephone Number _____

Name _____

Address _____

Telephone Number _____

DECLARATION

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Radiologic Technologists.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date

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VERIFICATION OF MORAL/PROFESSIONAL CHARACTER

APPLICANT: Complete the upper portion of this form and mail to each of the character references you have listed in your application (page 6).

Legal Signature of Applicant

Date

Name of Applicant (Please type or print)

Address

Verification sent to

CHARACTER REFERENCE: Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Radiologic Technologists. Your response will be kept confidential.

Name of Reference: _____ Daytime Phone: _____

Address: _____

Title/profession/position _____

How long have you known the applicant? _____ In what capacity? _____

To your knowledge, does this applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes", please explain:

Do you consider this applicant worthy of approval to practice as a Radiologic Technologist in Montana?

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed):

Legal Signature of Reference

Date

The Applicant and the Board thank you for your assistance.

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE RADIOLOGY. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice radiology/limited permit in the State of Montana and the Board of Radiologic Technologists requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF RADIOLOGIC TECHNOLOGISTS, PO BOX 200513, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature)

Name (Please Print)

Address _____

My License Number is _____

DO NOT DETACH - - THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF RADIOLOGIC TECHNOLOGISTS.

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

Licensed by Examination _____ Endorsement (List State) _____ Other (Please List) _____

License is Current? Yes No If NO, explain _____ License Status Active Inactive Other

Has License been suspended, revoked, on probation or otherwise disciplined? If YES, explain and attach documentation. Yes No

Has licensee ever been requested to appear before your Board? If YES, explain. Yes No

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: _____

Title: _____

State Board: _____

Date: _____